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10/847,636 **Application Number CHANGE OF** 08/25/2003 **CORRESPONDENCE ADDRESS** Filing Date Application Maria C. Schlesener First Named Inventor 2835 **Art Unit** Address to: Commissioner for Patents Unknown **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 DC-05322 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with **/ Customer Number:** 33438 OR Firm or Individual Name Address City State Zip Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 40,020 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Robert W. Holland Name Telephone Date nou 2004 512-338-9100 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. \*Total of \_forms are submitted.

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